

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

Jack Fuentes and Ramona Fuentes,

Debtors.

Chapter 13

Case No. 10-24685-rdd

CREDITOR LOSS MITIGATION AFFIDAVIT

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

I, Elizabeth Swienc, being sworn, say:

I am not a party to this action, am over 18 years of age and reside in Nassau County, NY.

On April 28, 2011, I served a true copy of the Financial Packet annexed hereto and a request for the following documents:

- A copy of the Debtor(s) two (2) most recent federal income tax returns;
- A copy of the Debtor(s) last two (2) paycheck stubs, proof of social security income, pensions, or any other income received by the Debtor(s); OR, if Debtor(s) is/are self employed: A copy of the Debtor(s) business two (2) most recent months Profit and Loss Statements, setting forth a breakdown of the monthly business income and expenses for the last two months;
- A copy of the Mortgagee(s) completed Financial Worksheet;
- Proof of Second/Third Party Income by Affidavit of the party, including the party(s) last two (2) paycheck stubs,
- Other (please specify): A detailed list of all monthly expenses, completed 4506T-EZ form, and a hardship letter.

upon the following parties via email at the following addresses:

H. Bruce Bronson, Jr
hbbronson@gmail.com

Dated: Plainview, New York
April 28, 2011

Elizabeth Swienc
Elizabeth Swienc

Sworn to before me this
28th day of April, 2011

Rose Saramago
NOTARY PUBLIC

Rose Saramago
Notary Public, State of New York
No. 01SA6163060
Qualified in Suffolk County
Commission expires March 19, 2015

Please be advised that the loss mitigation contact is as follows:

Name: Katrina Davis

Title: MTG Servicing Specialist Lead

Address: 2375 Glenville Drive, Building B, Mail Code: TX2-983-05-01,
Richardson, TX, 75082

Phone Number: 214-209-7457

**KINDLY RETURN THE COMPLETED FINANCIAL
DOCUMENTS TO THE UNDERSIGNED AT
ESWIENC@ROSICKI.COM.**



RE: Online Loss Mitigation Program – SDNY

Attention Bankruptcy Attorney and/or Bankruptcy Filer:

In our ongoing efforts to better serve our borrowers, BAC Home Loans Servicing, LP, the Bank of America Company servicing your loan, has partnered with Default Mitigation Management LLC to process loss mitigation requests filed pursuant to the Southern District of New York's court mandated loss mitigation program through the DMM Loss Mitigation Web Portal - www.dcmwp.com (the "Portal").

The Portal is a secure online environment that enables the Bankruptcy Department at Bank of America to collect your documentation and communicate with you regarding your submission – from the initial submission to final resolution. **The Portal is free for you to use and will expedite our review of your account(s).** Bank of America is investing in the expense of using this system in an effort to improve communication, timeliness and completion accuracy of loss mitigation requests.

If you will be filing a loss mitigation request pursuant to the Court's loss mitigation program, we urge you to take advantage of this new program. Please refer to the detailed instructions included with this pdf package on how to submit your account(s) to Bank of America Home Loans for review through the Portal. (To access the instructions, click the pdf document labeled "DMM Portal Instructions" in the menu to your left).

Should you need assistance at any time, please contact the Bankruptcy Loss Mitigation Department at 1-866-391-7589. For additional information on the Portal, you may contact DMM at 1-800-481-1013 or email at support@defaultmitigation.com.

We look forward to working with you.

Sincerely,
Bankruptcy Department
Bank of America Home Loans

Important Notice

Note: Use of the DMM Portal in no way commits any of the parties to either offer or accept any loss mitigation solutions. The DMM Portal provides a streamlined means of communication between interested parties. It enables parties interested in mortgage loss mitigation to submit all of the necessary documentation and to communicate with each other throughout the process via a secure web platform.

DMM LOSS MITIGATION WEB PORTAL INSTRUCTIONS

Step 1

Register to Use the DMM Portal (*If you are already registered, proceed to Step 2*)

- Go to www.dclmwp.com
- Under "Create An Account", find and click "[Attorneys Click Here](#)"
- Complete the signup form and submit it for verification and approval
- Once your account is approved, you will be able to use the DMM Portal

Step 2

Complete Forms and Gather Documents

- Complete the following forms (*copies are included in this pdf package and can also be downloaded from the DMM Portal*)
 - Borrower Authorization (Pro Se Filers do not need this)
 - Making Home Affordable Request for Modification and Affidavit (HAMP RMA)
 - IRS Form 4506T-EZ
 - Additional Servicer Information
- Gather the following documents
 - 2 Most Recent Paystubs (*please refer to the document entitled "Alternate Proof of Income" to determine other acceptable proofs of income for sources of income other than wages*)
 - 2 Most Recent Bank Statements
 - Tax Returns
 - Proof of Occupancy – i.e., utility bill or phone bill

! Important !

A complete and accurate package is critical for the servicer to complete its review. To ensure timely processing, please complete and gather all of the required documents as soon as possible so that a complete package will be ready for submission once the Loss Mitigation Order is issued. Do **not** wait for the Loss Mitigation Order to be issued to begin this process as this will cause unnecessary delays.

Step 3

Wait for the Loss Mitigation Order to be Issued

- You will need to upload the Loss Mitigation Order and provide the date on which the Loss Mitigation Period expires as well as the date on which the Status Conference is to be held

Step 4

Submit Package

- Go to www.dclmwp.com and log in
 - Under "Existing Users" enter your email address and password (you do not need an invitation code)
- Click "Add New Borrower" (located at the top of the page)
- Follow the step-by-step instructions to add the borrower information and upload the required documents

* For additional assistance, please consult the User Manual which may be downloaded after you have logged in to the Portal (located under the Tools section of the site) or contact DMM Support at 1-800-481-1013 or email DMM at support@defaultmitigation.com

INSTRUCTIONS FOR IRS FORM 4506T-EZ

Step 1

Fill out the form

(Refer to the detailed "Instructions for Completing IRS Form 4506T-EZ" at end of this document)

Step 2

All borrowers must **SIGN and DATE** the form

(Signatures should be exactly in the same name as provided in original return)

Step 3

Scan the signed form and submit it to the Servicer through the Portal – do **NOT** fax to the IRS.

* Note: IRS Form 4506T-EZ may not be applicable to borrowers that do not file federal income tax returns on a calendar year basis, borrowers that do not file federal income tax returns using Form 1040 and borrowers that have not filed a federal income tax return. In these cases, borrower should submit a signed and completed IRS Form 4506-T which may be found here - <http://www.irs.gov/pub/irs-pdf/f4506t.pdf>.

Form 4506T-EZ

(Rev. January 2010)

Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

► Request may not be processed if the form is incomplete or illegible.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information. Third party name _____ Telephone number _____ Address (including apt., room, or suite no.), city, state, and ZIP code _____	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. _____	

Caution. If the transcript is being mailed to a third party, ensure that you have filed in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

Sign
Here



Signature (see instructions)

Date _____

Telephone number of
taxpayer on line 1a or 2a



Spouse's signature

Date _____

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIWS teams, send your request to the team based on the address of your most recent return.

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
Florida, Georgia, North Carolina, South Carolina	RAIWS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362 770-455-2335
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIWS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIWS Team Stop 37106 Fresno, CA 93888 559-456-5876
Arkansas, Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia	RAIWS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

4506T-EZ Short Form Request for Individual Tax Return Transcript	
Faster processing Form 4506 or Form 4506-EZ is required for faster processing.	
<p>► Request: It may not be processed if the form is incomplete or illegible.</p> <p>Use Form 4506-EZ to order a 1040 series tax return transcript free of charge.</p>	
<p>1a. Name shown on tax return (if a joint return, enter the name shown first) 1b. First social security number on tax return</p>	
<p>2a. If a joint return, enter spouse's name and SSN on tax return. 2b. Second social security number if joint tax return</p>	
<p>3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code</p>	
<p>4. Previous address shown on the last return filed if different from line 3</p>	
<p>5. If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.</p> <p>Third party name Telephone number</p>	
<p>6. Year(s) requested. Enter the year(s) of tax return transcript you are requesting (for example, "2009"). Most requests will be processed within 10 business days.</p>	
<p>7. Caution: If the transcript is being mailed to a third party, ensure that you have listed line 6 before signing. Sign and date the form once you have listed line 6. Completing these steps helps to protect your privacy.</p> <p>Note: If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.</p> <p>Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.</p> <p>Note: This form must be received within 60 days of signature date.</p>	
<p>8. Signature page (continued)</p> <p>Telephone number of taxpayer on line 1a or 2a</p> <p>Sign Here</p> <p>Spouse's signature Date</p>	
<p>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</p> <p>Form 4506T-EZ (revised)</p>	

1. If you filed a joint tax return, make sure you include both names on the Form 4506T-EZ.
2. The third party is your mortgage servicer. You can find the name of your servicer on your mortgage statements; however, the address where you send your monthly payments may not be the correct address for your servicer's foreclosure prevention department. To find the correct address, please refer to the Servicer Address Chart (attached).
3. Your servicer only needs your most recent year's tax return. Enter that tax year on the first line. For example, if you filed your taxes in April 2010, you were filing for the 2009 tax year, so you would enter "2009." This completed form must be sent to your servicer.
4. Even if you file a joint tax return, you only need one signature (the person listed on line 1a) to file the Form 4506T-EZ. NOTE: The IRS must receive your form within 120 days of the signature date.

SERVICER ADDRESS CHART

Use the Chart below to find the information for your Servicer to be entered on Line 5 on IRS Form 4506T-EZ

Servicer Name	Address
21st Mortgage Corporation	<p><u>Third Party Name</u> 21st Mortgage Corporation</p> <p><u>Telephone Number</u> 865-523-2120</p> <p><u>Address</u> 620 Market Street One Centre Square Knoxville, TN 37902</p>
Bank of America (and Countrywide)	<p><u>Third Party Name</u> Bank of America, N.A.</p> <p><u>Telephone Number</u> 800-669-6607</p> <p><u>Address</u> MHA Escalations Unit PO Box 940070 Simi Valley, CA 93094-0070</p>
Chase Home Finance LLC (and Washington Mutual)	<p><u>Third Party Name</u> Chase Fulfillment Center</p> <p><u>Telephone Number</u> 866-550-5705</p> <p><u>Address</u> Regular Mail: PO Box 469030 Glendale, CO 80246</p> <p>Overnight Mail: 4500 Cherry Creek Drive Suite 100 Glendale, CO 80246</p>

EMC Mortgage Corporation	<u>Third Party Name</u> EMC Fulfillment Center <u>Telephone Number</u> 800-723-3004 <u>Address</u> Regular Mail: PO Box 469030 Glendale, CO 80246 Overnight Mail: 4500 Cherry Creek Drive Suite 100 Glendale, CO 80246
GMAC Mortgage LLC	<u>Third Party Name</u> GMAC Mortgage <u>Telephone Number</u> 800-850-4622 <u>Address</u> Attn: Loss Mitigation 233 Gibraltar Road Suite 600 Horsham PA 19044
Kentucky Housing Corporation	<u>Third Party Name</u> Kentucky Housing Corporation <u>Telephone Number</u> 502-564-7630 <u>Address</u> 1231 Louisville Rd Frankfort, KY 40601
Litton Loan Servicing	<u>Third Party Name</u> Litton Loan Servicing <u>Telephone Number</u> 800-247-9727 <u>Address</u> 4828 Loop Central Drive Houston, TX 77081

<p>New South Federal Savings Bank</p>	<p><u>Third Party Name</u> LPP Mortgage</p> <p><u>Telephone Number</u> 866-255-9397</p> <p><u>Address</u> 425 Phillips Blvd Ewing, NJ 08628</p> <p>* Note: New South Federal Savings Bank has recently been acquired by Beal Bank</p>
<p>Ocwen Financial Corporation, Inc.</p>	<p><u>Third Party Name</u> Ocwen Loan Servicing, LLC Attention: Home Retention Department</p> <p><u>Telephone Number</u> 800-746-2936</p> <p><u>Address</u> 16661 Worthington Rd Ste 100 West Palm Beach, FL 33409</p>
<p>Resurgent Capital Services</p>	<p><u>Third Party Name</u> Resurgent Capital Services</p> <p><u>Telephone Number</u> (800) 365-7107</p> <p><u>Address</u> P.O. Box 10826 Greenville, SC 29603-0826</p>
<p>Saxon Mortgage Services</p>	<p><u>Third Party Name</u> Saxon Attention: Home Preservation HMP Documentation Department</p> <p><u>Telephone Number</u> 800-594-8422</p> <p><u>Address</u> 4708 Mercantile Drive North Fort Worth, TX 76137</p>

Select Portfolio Servicing	<p><u>Third Party Name</u> Select Portfolio Servicing Inc.</p> <p><u>Telephone Number</u> 888-818-6032</p> <p><u>Address</u> PO BOX:65250 Salt Lake City, UT 84165-0250</p>
Wells Fargo Home Mortgage (and America's Servicing Company)	<p><u>Third Party Name</u> petesabbag DataVision Resources, LLC 0000300501</p> <p><u>Telephone Number</u> 515-989-0877</p> <p><u>Address</u> 84 E. School St. Carlisle, IA 50047</p> <p><i>*Note: Wells Fargo/ASC use a third party processor. Please enter the Third Party Name <u>exactly</u> as shown above (or leave Line 5 blank if you prefer)</i></p>

BANK OF AMERICA ADDITIONAL INFORMATION INSTRUCTIONS

Step 1

Complete the financial form attached

Step 2

All Borrowers must **SIGN AND DATE** the form

Step 3

Scan the signed form and submit it to the Servicer through the Portal

(Use the "Additional Servicer Information" queue to upload the above documentation)

Why You Should Submit the Servicer Information In Addition to the RMA

While the ***Request for Modification and Affidavit*** provides the servicer with the requisite information to evaluate a borrower for a HAMP modification, it usually does not provide the servicer with all of the information they need to evaluate the borrower for other servicer specific programs that may be available to the borrower should they not qualify for HAMP. By reviewing and submitting any additional information the servicer has requested, you will ensure that the borrower gets the most thorough and quick review of all options available.

Note: Although servicers must adhere to investor specific guidelines when reviewing a borrower for various programs, most servicers' guidelines require them to review a borrower for HAMP first.

Borrower Name: _____
 Loan Number: _____

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address: _____ _____	Please check all that apply: <input type="checkbox"/> I live in this house <input checked="" type="checkbox"/> Occupants in home: _____ <input type="checkbox"/> This is a second house <input type="checkbox"/> This house is vacant <input type="checkbox"/> This is a rental property (monthly rent: \$ _____) <input type="checkbox"/> Active Bankruptcy
Hm #: _____ Wk #: _____	
Cell #: _____	
Best time to call: _____ E mail: _____	

Borrower Name _____ Social Security # _____
 Co-Borrower Name _____ Social Security # _____
 Mailing Address: _____

EMPLOYMENT INFORMATION

BORROWER

Employer _____
 Position _____

CO-BORROWER

Employer _____
 Position _____

INCOME DATA

HOUSEHOLD INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Employment Income	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY INCOME				

Income Frequency: (please check one)

Primary Homeowner:

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

Additional Occupant(s):

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

Current Employment Status Primary Homeowner: (please check one)

Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

Current Employment Status Additional Occupant(s): (please check one)

Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

ASSETS / LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Automobile Make / Model			
Deposit Accounts – Checking / Savings			
IRA / KEOUGH Accounts			
401K Savings Plan			
Stocks / Bonds / CDs			

Borrower Name: _____
 Loan Number: _____

HOUSEHOLD LIABILITIES AND EXPENSES

EXPENSES	MONTHLY PAYMENT	BALANCE DUE
ALIMONY / CHILD SUPPORT	\$	\$
AUTOMOBILE EXPENSES (Gas, Maintenance)	\$	\$
CHILD CARE/ELDER CARE	\$	\$
OTHER MORTGAGE(S)	\$	\$
EDUCATION	\$	\$
FOOD - FAMILY	\$	\$
MEDICAL / DENTAL	\$	\$
PETS	\$	\$
SPENDING MONEY	\$	\$
OTHER EXPENSE	\$	\$
AUTO INSURANCE	\$	\$
HEALTH INSURANCE	\$	\$
LIFE INSURANCE	\$	\$
HOSPITAL	\$	\$
PRESCRIPTIONS	\$	\$
CABLE	\$	\$
ELECTRICITY	\$	\$
GAS	\$	\$
TELEPHONE/ CELL PHONE / INTERNET	\$	\$
WATER / SEWAGE	\$	\$
CLOTHING	\$	\$
DRY CLEANING	\$	\$
MONTHLY PARKING	\$	\$
CLUB OR UNION DUES	\$	\$
SCHOOL OR WORK LUNCHES PURCHASED	\$	\$
HOA DUES	\$	\$
OTHER	\$	\$
DEBT	\$	\$
AUTOMOBILE LOANS	\$	\$
AUTOMOBILE LOANS	\$	\$
CREDIT CARDS	\$	\$
INSTALLMENT LOANS	\$	\$
MORTGAGE PAYMENT	\$	\$
2 ND LIEN MORTGAGE PAYMENT	\$	\$
PROPERTY TAXES AND INSURANCE (if not included in mortgage payment)	\$	\$
PERSONAL LOANS	\$	\$
OTHER SECURED DEBT	\$	\$
OTHER UNSECURED DEBT	\$	\$
OTHER	\$	\$
TOTAL EXPENSES/DEBT	\$	\$

Net Income: \$ _____ - Expenses: \$ _____ = Surplus: \$ _____

UPFRONT FUNDS AVAILABLE	Amount: \$ _____
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BORROWER:

_____, 20_____
 Signature _____ Date _____

Name (please print) _____

CO-BORROWER:

_____, 20_____
 Signature _____ Date _____

Name (please print) _____

INSTRUCTIONS FOR BORROWER AUTHORIZATION

* This form is provided for convenience only. You may use your own Borrower Authorization form.

Step 1

Date the letter

Step 2

Enter the name and address of the Servicer

Step 3

Enter the loan number and property address

Step 4

Enter the name of your firm and/or people representing the borrower

Step 5

All borrowers must **SIGN and DATE** the form

Step 6

Scan the signed form and submit it to the Servicer through the Portal

Re: Loan Number
 Property Address

To Whom It May Concern:

This letter shall serve as formal notice that the undersigned hereby authorize(s)

to make inquiries about the captioned loan account and to attempt to resolve any issues with respect thereto.
You are authorized to release any information to them that they may seek.

Thank you for your cooperation.

Very truly yours,

Name: _____

Name: _____

PROOF OF INCOME DOCUMENTATION REQUIREMENTS

Income Source	Required Documentation
Self-Employment	Most recent quarterly or year-to-date profit and loss statement
Other Earned Income (e.g., bonus, commission, fee, tips, overtime)	Reliable evidence such as printouts that show this income was earned
Benefit Income (e.g. social security, disability or death benefits, pension, adoption assistance, public assistance, or unemployment)	Copy of benefits statement or letter from the provider that states the amount, frequency and duration of the benefit
Rental Income	Schedule E (Supplemental Income and Loss) of the most recent tax year or other reliable evidence of rental payments
Alimony, Separation Maintenance and Child Support Income <i>*Note: Borrowers are not required to document this income. Provide this ONLY if you wish the Servicer to consider this income</i>	Copy of divorce or other court decree; or separation agreement or other written agreement filed with the court that states the amount and period of time over which it will be received

PORAL UPLOAD INSTRUCTIONS

Please use the “Other” documents queue to upload any of the above documentation

INSTRUCTIONS FOR REQUEST FOR MODIFICATION AND AFFIDAVIT

Step 1

Fill out the form

(Refer to the detailed "Instructions for Completing RMA Form" at end of this document)

Step 2

All borrowers must **SIGN and DATE** the form

Step 3

Scan the signed form and submit it to the Servicer through the Portal

Making Home Affordable Program
Request For Modification and Affidavit (RMA)



REQUEST FOR MODIFICATION AND AFFIDAVIT (RMA) page 1

COMPLETE ALL THREE PAGES OF THIS FORM

► Loan I.D. Number _____

► Servicer _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth
Home phone number with area code		Home phone number with area code	
Cell or work number with area code		Cell or work number with area code	

I want to:	<input type="checkbox"/> Keep the Property	<input type="checkbox"/> Sell the Property
The property is my:	<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Second Home <input type="checkbox"/> Investment
The property is:	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Renter Occupied <input type="checkbox"/> Vacant

Mailing address _____

Property address (if same as mailing address, just write same) _____ E-mail address _____

Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted a credit-counseling agency for help <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received an offer on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the following:
Date of offer _____ Amount of offer \$ _____	Counselor's Name: _____
Agent's Name: _____	Agency Name: _____
Agent's Phone Number: _____	Counselor's Phone Number: _____
For Sale by Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Counselor's E-mail: _____
Who pays the real estate tax bill on your property?	Who pays the hazard insurance premium for your property?
<input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by condo or HOA	<input type="checkbox"/> I do <input type="checkbox"/> Lender does <input type="checkbox"/> Paid by Condo or HOA
Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the policy current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Condominium or HOA Fees <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Name of Insurance Co.: _____
Paid to: _____	Insurance Co. Tel #: _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

Additional Liens/Mortgages or Judgments on this property:			
Lien Holder's Name/Servicer	Balance	Contact Number	Loan Number

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.

I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

<input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower.	<input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt.
<input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes.	<input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time.
<input type="checkbox"/> Other: _____	

Explanation (continue on back of page 3 if necessary): _____

INCOME/EXPENSES FOR HOUSEHOLD¹

Number of People in Household:

Monthly Household Income		Monthly Household Expenses/Debt		Household Assets	
Monthly Gross Wages	\$	First Mortgage Payment	\$	Checking Account(s)	\$
Overtime	\$	Second Mortgage Payment	\$	Checking Account(s)	\$
Child Support / Alimony / Separation ²	\$	Insurance	\$	Savings/ Money Market	\$
Social Security/SSDI	\$	Property Taxes	\$	CDs	\$
Other monthly income from pensions, annuities or retirement plans	\$	Credit Cards / Installment Loan(s) (total minimum payment per month)	\$	Stocks / Bonds	\$
Tips, commissions, bonus and self-employed income	\$	Alimony, child support payments	\$	Other Cash on Hand	\$
Rents Received	\$	Net Rental Expenses	\$	Other Real Estate (estimated value)	\$
Unemployment Income	\$	HOA/Condo Fees/Property Maintenance	\$	Other _____	\$
Food Stamps/Welfare	\$	Car Payments	\$	Other _____	\$
Other (investment income, royalties, interest, dividends etc.)	\$	Other _____	\$	Do not include the value of life insurance or retirement plans when calculating assets (401k, pension funds, annuities, IRAs, Keogh plans, etc.)	
Total (Gross Income)	\$	Total Debt/Expenses	\$	Total Assets	\$

INCOME MUST BE DOCUMENTED

¹Include combined income and expenses from the borrower and co-borrower (if any). If you include income and expenses from a household member who is not a borrower, please specify using the back of this form if necessary.

²You are not required to disclose Child Support, Alimony or Separation Maintenance Income, unless you choose to have it considered by your servicer.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male
To be completed by interviewer		Name/Address of Interviewer's Employer	
This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number		
	Interviewer's Signature	Date	
	Interviewer's Phone Number (include area code)		

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements and may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

NOTICE TO BORROWERS

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



Instructions for Completing RMA Form
The numbered sections correspond to instructions on the right.

Making Home Affordable Program Request For Modification And A Fiduciary (RMA)		MAKING HOME AFFORDABLE.gov																
PROPOSED MODIFICATION AND AFFIDAVIT PLAN SEARCH COMPLETE ALL THREE DOCUMENTS FORM																		
BORROWER CO-BORROWER																		
<input type="text"/> Loan ID Number 1	<input type="text"/> Co-Borrower Name 2	<input type="text"/> Co-Borrower Name 3																
<input type="text"/> Social Security Number 4	<input type="text"/> Social Security Number 5	<input type="text"/> Social Security Number 6																
<input type="text"/> Home phone number with area code 7	<input type="text"/> Home phone number with area code 8	<input type="text"/> Home phone number with area code 9																
<input type="text"/> Cell or work number with area code 10	<input type="text"/> Cell or work number with area code 11	<input type="text"/> Cell or work number with area code 12																
I want to:																		
<input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property <input type="checkbox"/> Pay My Mortgage <input type="checkbox"/> Investment <input type="checkbox"/> Rent or Lease <input type="checkbox"/> Vacant																		
The property is my:																		
<input checked="" type="checkbox"/> The property is mine <input type="checkbox"/> I am the co-owner																		
The property is:																		
<input type="checkbox"/> My home <input type="checkbox"/> My spouse's home <input type="checkbox"/> My child's home <input type="checkbox"/> My parent's home <input type="checkbox"/> My in-laws' home																		
What is the address of your mailing address? (if different)																		
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 13 Date of offer <input type="text"/> Amount of offer <input type="text"/> Agent's Name <input type="text"/> Agent's Phone Number <input type="text"/> For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
Has the property been sold? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14 Are the taxes current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15 Insurance sum or HOA fees <input type="text"/> 16 Paid to: <input type="text"/>																		
Who pays the real estate tax bill on your property? <input type="checkbox"/> Myself <input checked="" type="checkbox"/> My spouse <input type="checkbox"/> My children 17 Is the policy current? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 18 Name of Insurance Co. <input type="text"/> Insurance Co. Tel # <input type="text"/>																		
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 19 Bankruptcy filing date <input type="text"/> Has your bank ruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 20 Bankruptcy case number <input type="text"/>																		
Additional Liens/Mortgages or Judgments on the property: 12 <table border="1"> <tr> <td>Creditor's Name/Service</td> <td>Balancer</td> <td>Contact Number</td> <td>Law Number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Creditor's Name/Service	Balancer	Contact Number	Law Number	<input type="text"/>											
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HARDSHIP AFFIDAVIT																		
I (We) am/we requesting review under the Making Home Affordable program.																		
I am having difficulty making my monthly payment because of financial difficulties caused by (check all that apply):																		
<input type="checkbox"/> My spouse and I have been reduced to minimum unemployment pay or no pay or minimum wage working due to a loss of a job or other circumstances.																		
<input type="checkbox"/> My spouse and I have increased expenses due to medical bills, health care costs, and/or taxes because we have lost our health insurance or property taxes.																		
<input type="checkbox"/> My car or vehicle, including all household items, are given to minimum monthly mortgage payments and cover basic living expenses of the family.																		
<input type="checkbox"/> Other: Explanation (continues back of page 2 if necessary) <input type="text"/>																		

1. Your loan ID number is on your mortgage statement
2. Your loan servicer is the financial institution that collects your monthly mortgage payments.
3. The borrower section must be the person whose name is on the mortgage.
4. The co-borrower is a second person on the mortgage. Do not fill this section out for someone who is not listed on the mortgage.
5. For this section, you should only choose one option for each question.
6. Please provide a mailing address and property address if different. The property address should correspond to the mortgage you are applying to modify.
7. If your property is not listed for sale, you do not need to fill out the rest of Section 7. Only include offers for sale that you received in the past year.
8. Counselors are available free of charge and can be located on the Making Home Affordable website (www.MakingHomeAffordable.gov).
9. If your real estate taxes and property insurance are part of your monthly payment that you make to your servicer, select "lender does." HOA: Homeowner's association
10. See Instructions for Section 9.
11. The filing date indicates when you officially filed for bankruptcy. Only check the "yes" box for a discharged bankruptcy if you no longer owe any obligations.
12. Additional liens include second (or third) mortgages and home equity lines of credit.
13. Please select as many hardships that apply to your situation. You can use the extra lines to explain your hardship, though extensive explanations could delay the processing of your documentation.

Instructions for Completing RMA Form

The numbered sections correspond to instructions on the right.

REQUEST FOR MODIFICATION AND AFFIDAVIT (FHA Form 5)		COMPLETE ALL THREE PAGES OF THIS FORM																																																					
INCOME/EXPENSES FOR HOUSEHOLD		Number of People in Household																																																					
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BORROWER <input type="checkbox"/> I do not have a credit history <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		CO-BORROWER <input type="checkbox"/> I do not have a credit history <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																																																					
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To be completed by interviewer: <input type="checkbox"/> Interview Name (print first & last) & <input type="checkbox"/> Number <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Person		Name/Address of current work Employer <input type="checkbox"/> Interview Signature Date <input type="checkbox"/> Interview Phone Number (include area code)																																																					

14. Indicate the number of people in a household who contribute to the total income.
15. Monthly gross wages are what you receive before taxes. Use your most current pay stub to find this amount.
16. This amount should be listed on a current pay stub.
17. If you receive child support, alimony, or separation maintenance income, you are not required to report it by law. You should only include this amount if you would like it to be included in the income calculation.
18. SSDI: Social Security/Disability Income
19. Only include if you are retired and collecting income from retirement funds.
20. If reported, this amount will be on your pay stub.
21. Only include rental income if used as part of your overall income.
22. You must have at least nine months of unemployment income to report on this form.
23. Report the amount indicated on your benefits letter. You must provide a copy of this letter as documentation of this income.
24. Add all other income and report sum in this box.
25. Add all amounts in income column (boxes 15-24) and report sum.
26. This amount can be found on your statement for your first mortgage.
27. If applicable, this amount can be found on your statement for your second mortgage or home equity lines of credit.
28. This refers only to homeowner's insurance and should be reported only if you pay this yourself.
29. Only report these taxes if you pay them yourself.
30. Add all credit cards and installment payments and report sum here.
31. If you are responsible for paying child support or alimony, you must report the amount here.
32. Report amount if your total rental income does not cover your total rental expenses.
33. HOA: Home Owner's Association; Report only if you pay these fees yourself.
34. Include car payments only if you are the owner of the vehicle.
35. Include any other pertinent household expenses.
36. Add all amounts in expense column (boxes 26-35) and report sum.
- 37-39. Report amounts for all accounts, if applicable.
40. CDs: certificates of deposit
- 41-42. Report amounts for all accounts, if applicable.
43. Include estimated value for all other properties owned.
- 44-45. Report any other assets other than the value of life insurance or retirement plans, including 401K, pension funds, IRAs, Keogh plans, etc.)
46. Add all amounts in assets column (boxes 37-45) and report sum.
47. This information is not required but encouraged to ensure federal compliance with anti-discrimination laws. No information reported in this section will affect your consideration to receive a modification.

Instructions for Completing RMA Form

The numbered sections correspond to instructions on the right.

REQUEST FOR MODIFICATION AND AFFIDAVIT
COMPLETENESS OF INFORMATION DECLARATION

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in the document is truthful and the events identified on page 1 is true to the best of my knowledge, loan short-term modification in lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short-term modification of my note, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury; (b) Family Mae and Middle Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) my investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien; (d) servicable mortgage loans; (e) companies that perform support services in conjunction with Making Home Affordable; and (f) my HUD-certified housing counselor.

By _____
Borrower Signature _____ Date _____

By _____
Co-Borrower Signature _____ Date _____

NOTICE TO BORROWERS

I understand that this document contains information and estimates you will furnish your servicer in connection with the Making Home Affordable Program, we do not guarantee the accuracy of this information or the documents reflecting the information contained on this document regarding your capacity to make payments on your note. My servicer will make in the compilation of these documents reflecting the information contained in these documents, including, but not limited to, your expenses, or assets, will collect your account balance, owing amounts, owing date, payment history, payment, mail, and other funds. The information contained in these documents, including, but not limited to, your account balance, owing amounts, owing date, payment history, payment, mail, and other funds, will be used to determine whether you qualify for the Making Home Affordable Program, and to determine whether you are eligible for the program, and to make any other determinations regarding your account balance, owing amounts, owing date, payment history, payment, mail, and other funds.

If you have any questions concerning this document or the Making Home Affordable Program, you should contact the U.S. Department of the Treasury at 1-800-739-7211 or visit the website at www.hud.gov.

U.S. DEPARTMENT OF THE TREASURY
HOUSING AND COMMUNITY INVESTMENT
HOUSING FINANCIAL STABILITY AND HOMEOWNERSHIP
DIVISION OF HOUSING FINANCIAL STABILITY AND HOMEOWNERSHIP
MORTGAGE MODIFICATION PROGRAM

U.S. DEPARTMENT OF THE TREASURY
HOUSING AND COMMUNITY INVESTMENT
HOUSING FINANCIAL STABILITY AND HOMEOWNERSHIP
DIVISION OF HOUSING FINANCIAL STABILITY AND HOMEOWNERSHIP
MORTGAGE MODIFICATION PROGRAM

48. Please be sure to read entire agreement before signing. Do not leave off a signature as this will decrease efficient document processing.

INSTRUCTIONS FOR SHORTS SALES AND DEEDS-IN-LIEU

If you are submitting a request for a short sale or a deed-in-lieu, please provide the following documents in addition to the standard documentation:

Disposition Option	Required Documentation
Short Sale <i>(Note: some of the items may need to be obtained from the listing agent)</i>	<ul style="list-style-type: none">• Listing Agreement for subject property• Detailed Listing History (MLS Printout)• Purchase Agreement• Buyer's pre-qualification• Estimated HUD-1• 3 Comparable Active Listings/3 Comparable Sales/Pictures of the Property & Neighborhood
Deed-in-Lieu	<p>Listing Agreement for subject property</p> <p>Note: most servicers will require the property to have been listed for at least 90 days with no feasible (market value) offer</p>

PORTAL UPLOAD INSTRUCTIONS

Please use the "Other" documents queue to upload any of the above documentation

Servicer: _____

Loan Number: _____

HELP FOR AMERICA'S HOMEOWNERS.



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to receive assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud or forgery, (B) money laundering or (C) tax evasion.

Borrower

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
(a) felony larceny, theft, fraud or forgery,
(b) money laundering or
(c) tax evasion

Co-Borrower

- I have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:
(a) felony larceny, theft, fraud or forgery,
(b) money laundering or
(c) tax evasion

In making this certification, I/we certify under penalty of perjury that all of the information in this document is truthful and that I/we understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

Date

Date

Making Home Affordable Program
Hardship Affidavit



HARDSHIP AFFIDAVIT page 1

COMPLETE ALL TWO PAGES OF THIS FORM

► Loan I.D. Number _____

► Servicer _____

BORROWER		CO-BORROWER	
Borrower's name		Co-borrower's name	
Social Security number	Date of birth	Social Security number	Date of birth

Property address (include city, state and zip): _____

I want to: Keep the Property Sell the Property

The property is my: Primary Residence Second Home Investment Property

The property is: Owner Occupied Renter Occupied Vacant

HARDSHIP AFFIDAVIT

I (We) am/are requesting review under the Making Home Affordable program.
I am having difficulty making my monthly payment because of financial difficulties created by (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> My household income has been reduced. For example: unemployment, underemployment, reduced pay or hours, decline in business earnings, death, disability or divorce of a borrower or co-borrower. | <input type="checkbox"/> My monthly debt payments are excessive and I am overextended with my creditors. Debt includes credit cards, home equity or other debt. |
| <input type="checkbox"/> My expenses have increased. For example: monthly mortgage payment reset, high medical or health care costs, uninsured losses, increased utilities or property taxes. | <input type="checkbox"/> My cash reserves, including all liquid assets, are insufficient to maintain my current mortgage payment and cover basic living expenses at the same time. |
| <input type="checkbox"/> Other: _____ | |

Explanation (continue on back of page 2 if necessary): _____

Have you filed for bankruptcy? Yes No If yes: Chapter 7 Chapter 13 Filing Date: _____
Has your bankruptcy been discharged? Yes No Bankruptcy case number: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER	<input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

To be completed by interviewer

This request was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Name (print or type) & ID Number		Name/Address of Interviewer's Employer _____
	Interviewer's Signature	Date	
	Interviewer's Phone Number (include area code)		

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program, I certify under penalty of perjury:

1. That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
2. I understand that the Servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements, may require me to provide supporting documentation. I also understand that knowingly submitting false information may violate Federal law.
3. I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
4. I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
5. That: my property is owner-occupied; I intend to reside in this property for the next twelve months; I have not received a condemnation notice; and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
6. I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
7. I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
8. I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
9. I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD-certified housing counselor.

Borrower Signature

Date

Co-Borrower Signature

Date

HOMEOWNER'S HOTLINE

If you have questions about this document or the modification process, please call your servicer.

If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

**NOTICE TO BORROWERS**

Be advised that by signing this document you understand that any documents and information you submit to your servicer in connection with the Making Home Affordable Program are under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income, expenses, or assets will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution. By signing this document you certify, represent and agree that: "Under penalty of perjury, all documents and information I have provided to Lender in connection with the Making Home Affordable Program, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarpp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

